

PROPOSAL FOR AN HOURLY CE SERIES

INDIAN HEALTH SERVICE CLINICAL SUPPORT CENTER
40 North Central Avenue, Suite 780, Phoenix, AZ 85004
(602) 364-7777 or FAX (602) 364-7788

For more information visit our website at: <http://www.ihs.gov/MedicalPrograms/ClinicalSupportCenter/continuingEducation.cfm>

Please complete this form and send it to us as soon as you begin thinking about an activity. This form should be used for One- to Two-hour long activities held on a weekly or monthly basis.

1. Title of Series: _____
2. (Check only one): ☐ Initial Proposal Or ☐ Renewal Previous File # _____
3. Day(s) of the week: _____ Frequency: _____ Times: _____ to _____
4. Date Series will Commence/Begin: _____
5. Meeting Site for Series: _____
Will the Site accommodate the teaching needs of the meeting? ☐ Yes ☐ No
6. Supporting Service Unit/Facility/ Organization: _____
☐ IHS ☐ Tribal/638 ☐ Urban ☐ Other (Please explain): _____
Contact Person: _____ Title: _____
Address: _____ Phone: _____
City, State, Zip: _____ Fax: _____
E-mail Address: _____
7. Target Audience (e.g., Internists, Outpatient Nurses, Pharmacists, etc.): _____
Expected number of participants: Physicians _____ Nurses _____ PAs _____ Pharmacists _____ Other _____
8. Names and Professions of Planning Committee Members (the Planning Committee MUST include at least one representative from each profession for which you plan to offer continuing education credit – please provide actual names and credentials): _____

9. Type(s) of credit you are requesting: ☐ AMA (physicians and physician assistants) ☐ *AAFP (Family Physicians)
☐ ANA (Nurses and Nurse Practitioners) ☐ **ACPE (Pharmacists) ☐ Dental (Dentists, Dental Assistants, and Hygienists) ☐ Other (please specify): _____
10. List the overall goals of the series: _____

11. Describe how you will determine the learning needs of your audience: _____

12. List the sources from which you will choose presenters: _____

13. Describe the teaching methods to be used (e.g., lecture with slides, videotape, panel discussion): _____

14. Are your evaluation plan and forms that will be used for evaluation attached? ☐ Yes ☐ No
If No, explain: _____
15. Did you attach the topics, dates, speakers, and objectives for the first three sessions? ☐ Yes ☐ No
(Required for AAFP Application)
16. Is an example of the promotional material (e.g., fliers, brochures, schedules, etc.) attached? ☐ Yes ☐ No
If No, describe how you will publicize prior to the events: _____

As of October 1, 2005, the American Academy of Family Physicians will be charging the Indian Health Service for the review process for AAFP Prescribed Credit. The fees will be as follows: \$125 for an hourly series for one year; \$110 for a national conference; and \$60 for a regional or local conference. An additional charge of \$10 will be incurred each time a national or regional conference is repeated. There will be no charge for ACLS, PALS, and other life support courses. At this time, CSC is seeking funding so that these costs will not be passed on to our facilities and programs with no budget for CE activities. We ask only that you **make sure that your audience will use this AAFP credit before you check that box on the Proposal Form.*

***Generally we are unable to sponsor hourly series activities for continuing education credit for pharmacists because the Accreditation Council for Pharmacy Education (ACPE) requires that a proposal, complete with dates, speaker information, and session objectives, be submitted from us to them **30 days in advance for EACH individual activity** and that each activity receives its own evaluation; essentially each hour session must be a unique program. **If you are able to meet these criteria, you may check the box for ACPE credit on the Proposal Form** and we will be happy to review the activity for potential sponsorship.*